

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-676)							SERIAL NO.	FILING DATE				
							APPLICANT					
							CLAIMS					
	AS FILED		AFTER 1st ALLOWMENT		AFTER 2nd ALLOWMENT		NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL					
42							TOTAL					
43							TOTAL					
44							TOTAL					
45							TOTAL					
46							TOTAL					
47							TOTAL					
48							TOTAL					
49							TOTAL					
50							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					